SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM APPLICANT(S) FEE CALCULATION SHEET 10/030683 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. IND. DEP. INC DEP. IND. DEP. IND. DEP. DEP. :0 !4 **?7** :8 :9 :9 .2 .3 1 1 : 7. TAL TOTAL LAL. TOTAL DEP. 3,287.4 YOTAL **MAXIM** 1-1360 (3/78) •MAY BE __ED FOR ADDITIONAL CLAIMS OR AMENDMENTO U.S. DEPARTMENT of COMMUNCS POTENT ON TRACE